

Name  
in  
Full

Mrs Caroline Armstrong

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Fort Deposit			
Father's Name	John W Niblock				
Mother's Maiden Name	Mary J Death				
Name of person giving information	Elizabeth Nickle (Sister)				

## CAUSES OF DEATH

67

PHYSICIAN  
OR CORONER

Primary General Paralysis or Paralytic dementia How long 6 mo.

Immediate Exhaustion How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Ernest Rowland

Address

Liberty Grove  
Md

Accident or Suicide?

Clifton Jackson  
Bluffdale  
Utah

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

David Bentz						CERTIFICATE OF DEATH	
Died at	Town	Oakwood			County	Maryland	
Date of death	Month	Day	Age	Years	Months	Days	
1908	8	7	82		3	7	
Sex	Male	Color or Race	White		Birth-place	Jurich Switzerland	
Occupation	Farmer		Where Residing if not at place of death			Oakwood	
Married, Single or Widowed	Widower	Name of Wife or Husband	Mary A Bentz				
Father's Name	David Bentz		Father's Birthplace			Jurichland	
Mother's Maiden Name	Elizabeth Marden		Mother's Birthplace			"Son"	
Name of person giving information	David L. Bentz Jr.		How related to deceased				

CAUSES OF DEATH

Primary

Atherosoma

10

How long

6 months

Immediate

Le Gripe Bronchitis Pleurisy

How long

6 mo

Are the name, age, sex, color, date and place correctly given above?

Yes

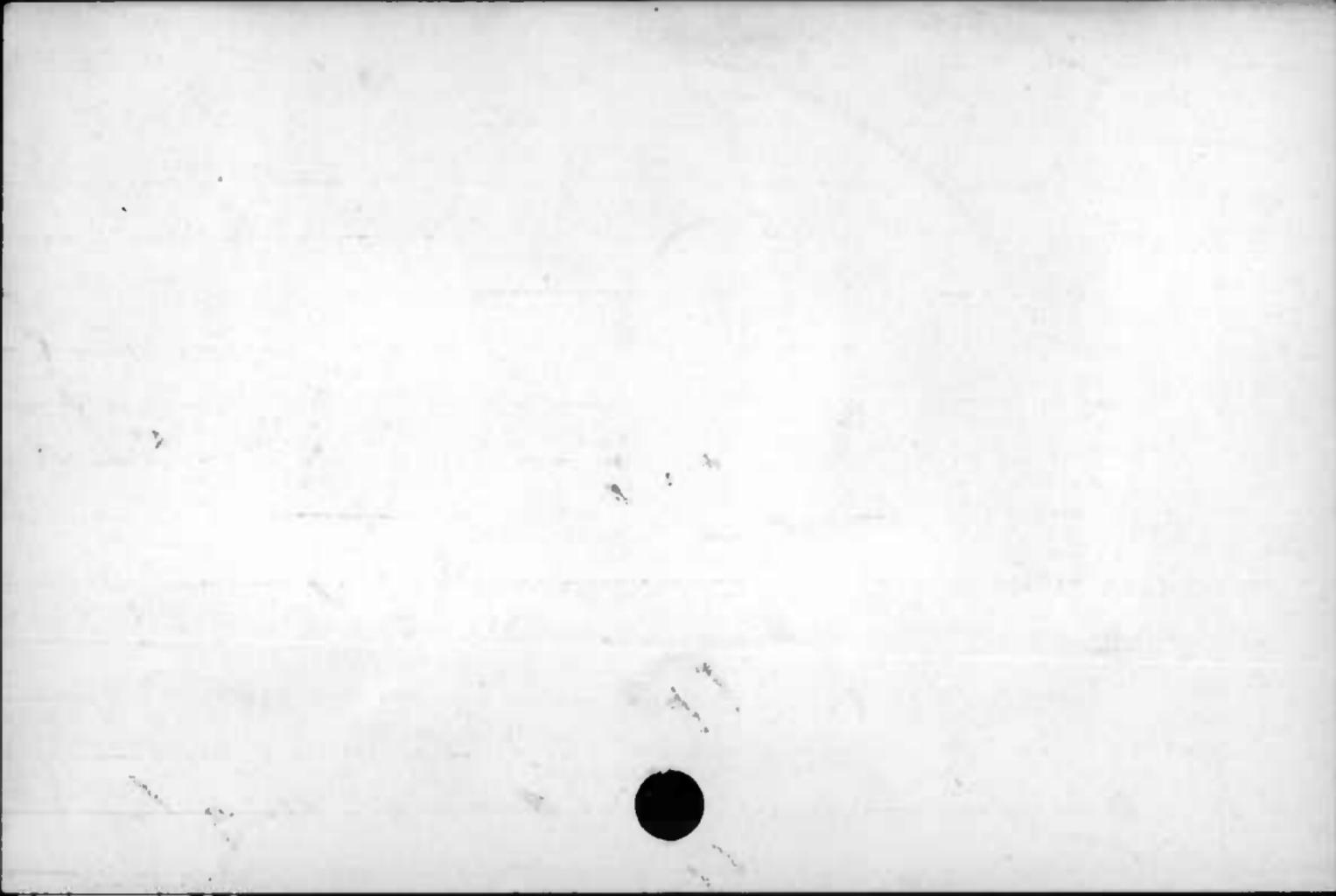
Signature of Physician

S. J. Roman

Address

RFD #1, Comowongsdale

Accident or Suicide?



Name  
In  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

James Lewis Blanchfield				CERTIFICATE OF DEATH			
Died at	Town	County		MARYLAND			
Chesapeake City		Cecil					
Date of death 1908	Month Aug	Day 1	Years	Months 4	Days 5		
Sex Male	Color or Race	Where Residing if not at place of death					
Occupation							
Married, Single or Widowed	Name of Wife or Husband	Elyzabith	Bethany Chfield	Father's Name	Chesapeake City		
Father's Name	Bryce Lewis Blanchfield			Mother's Maiden Name	"		
Mother's Maiden Name	Elizabeth	Aug 1908		Name of person giving information	Elyzabith	How related to deceased	Mother

CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary

Cholera infantum

Immediate

Exhaustion

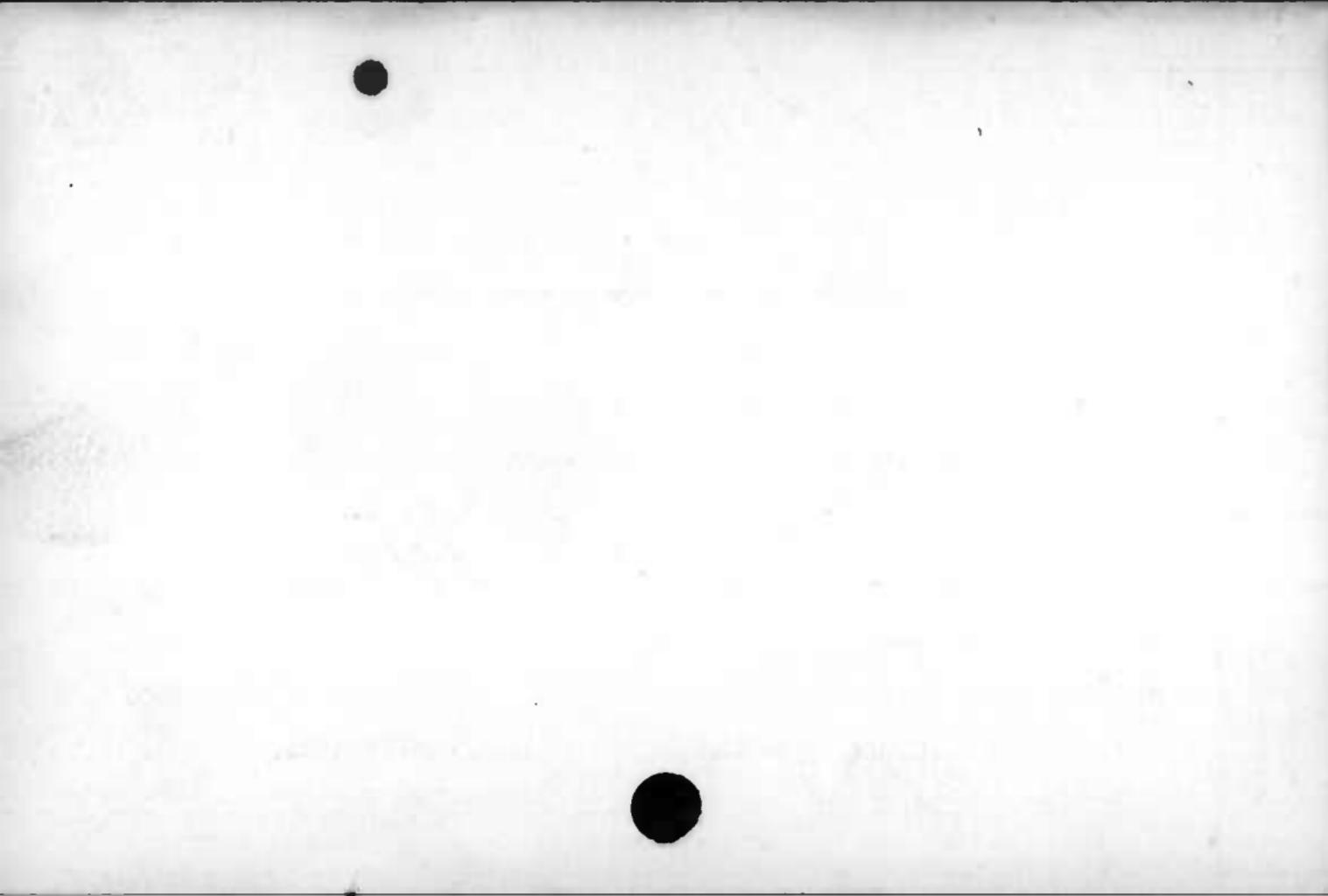
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. C. Conroy and  
Chesapeake City

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Died at		Town	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
1908	August	3	Age	4	7
Sex	Female	Color or Race	White	Birth-place	Town Point
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
James Blanchfield	Margaret Blanchfield				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Maryant Cadbury	Town Point				
Name of person giving information	How related to deceased				
Margaret Blanchfield	Mother				

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary

Hypertension

How long

one year

Immediate

Convulsions

How long

one hour

Are the name, age, sex, color, date and place correctly given above?

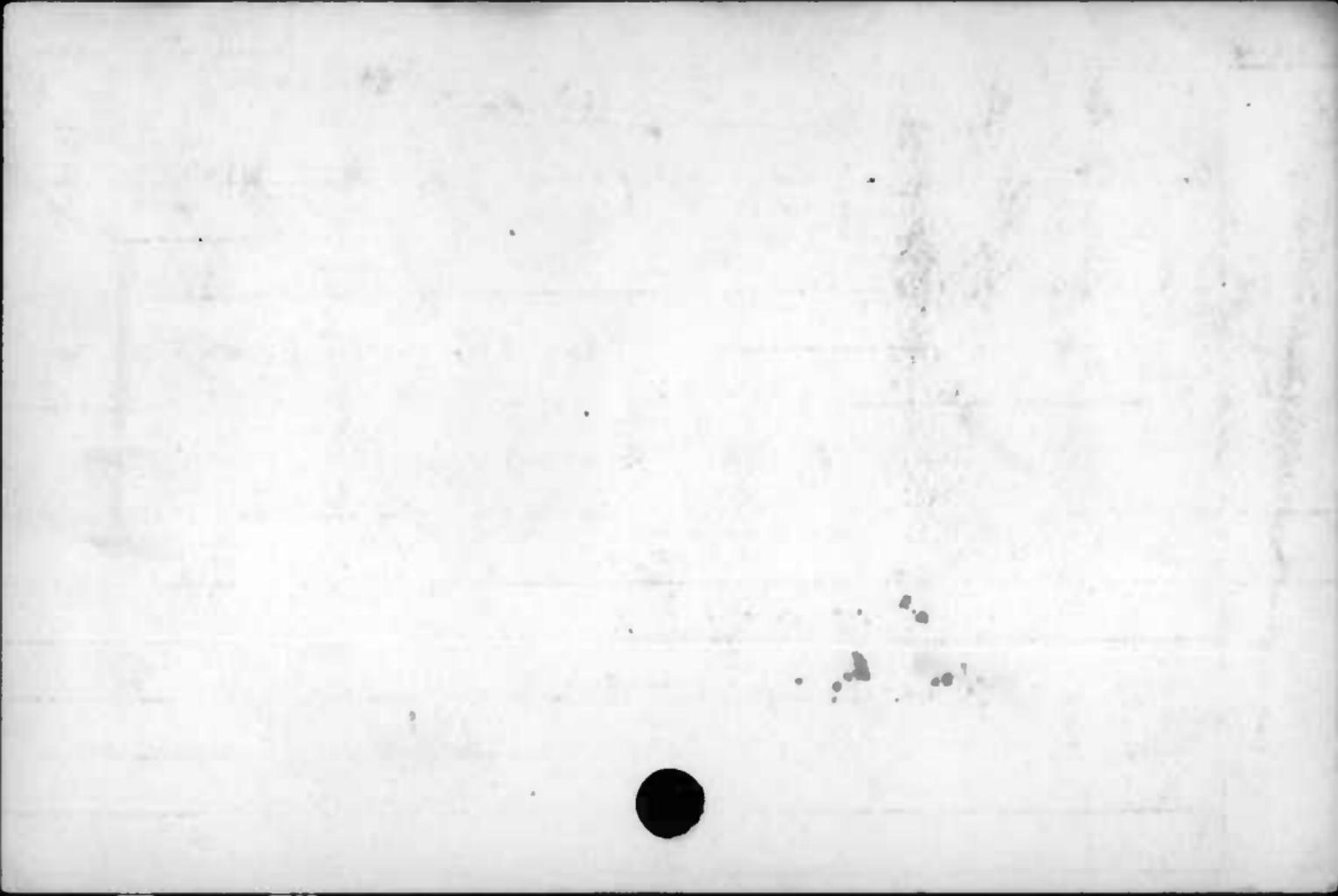
yes

Signature of Physician

Address

O. J. Bonney MD  
Baltimore City  
MD

Accident or Suicide?



Name  
in  
Full

Rebecca E. Bouchelle

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Rebecca E Bouchelle			
Father's Name	Dorothy Know				
Mother's Maiden Name	Dorothy Know				
Name of person giving information	G. J. Bouchelle				

CAUSES OF DEATH

177

PHYSICIAN  
OR CORONER

Primary

Drop of

How long

6 Mo

Immediate

Bleas trouble

How long

For years

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

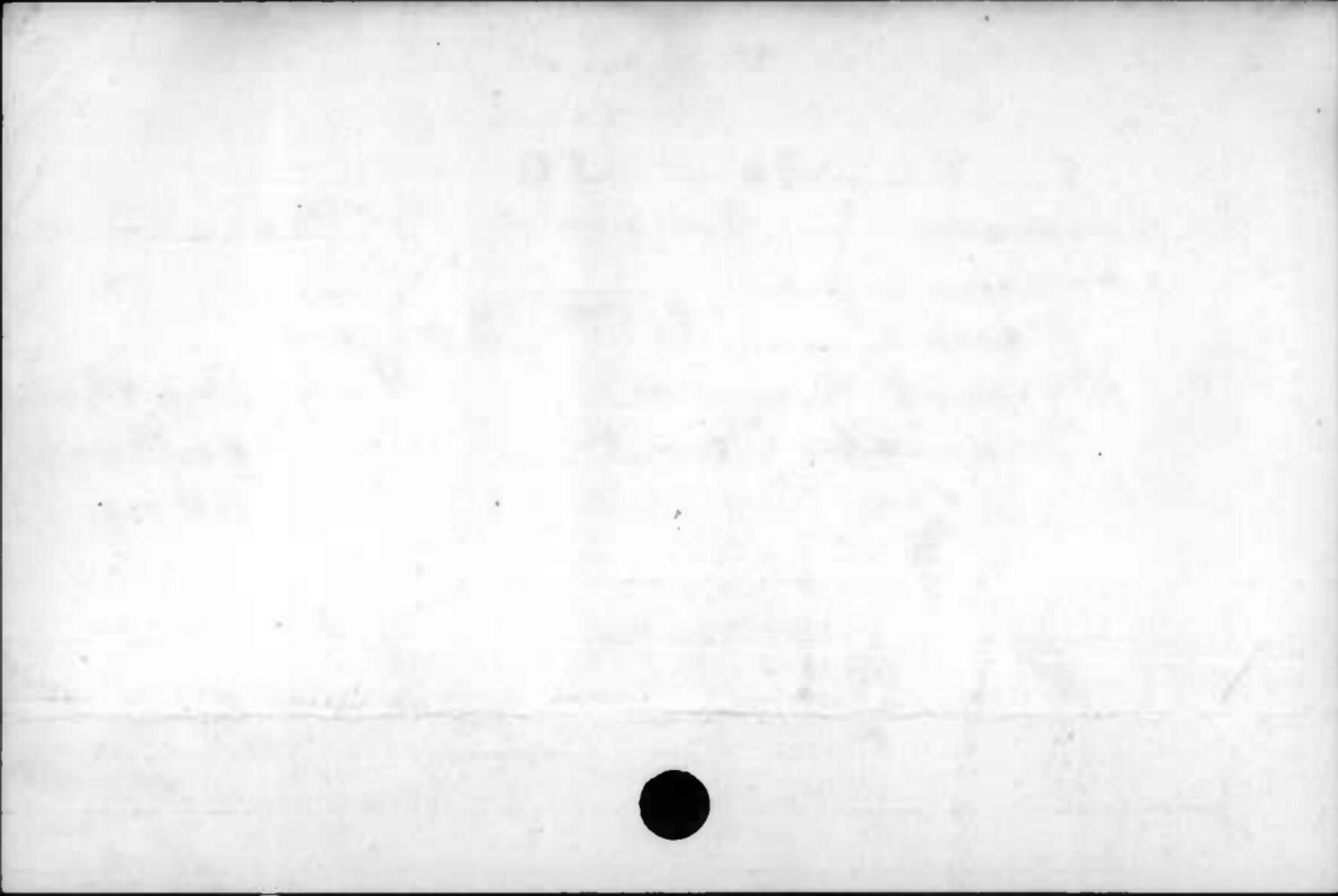
Address

L. Barnick

North East

Md

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

George Bower

CERTIFICATE OF DEATH

Died at <u>Bear Port Deposit</u>		Town	County <u>Cecil</u>		MARYLAND		
Date of death <u>1908 Aug</u>	Month <u>Aug</u>	Day <u>14</u>	Age <u>17</u>	Years <u>17</u>	Months <u>-</u>	Days <u>-</u>	
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>Bear Deposit</u>			
Occupation <u>Schoolboy</u>	Where Residing if not at place of death						
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>						
Father's Name <u>James Bower</u>	Father's Birthplace <u>Hanford C Ind</u>						
Mother's Maiden Name <u>Mary Burdin</u>	Mother's Birthplace <u>Cecil C Ind</u>						
Name of person giving information <u>Elizabeth Chascha</u>	How related to deceased <u>Not any</u>						

CAUSES OF DEATH

Primary

Acute Miliary T.B.

27

How long

3 mrs

Immediate

Hæmoptysis

How long

Are the name, age, sex, color, date and place correctly given above?

Yrs

Signature of Physician

Address

W.G. Jack  
Giberty Groves  
Mt

Accident or Suicide?

No



Name  
in  
FullTo BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Hettie Boyer

## CERTIFICATE OF DEATH

MARYLAND

Died at Beechton, Cecil

County

Date of death 1906 Month 8 Day 30 Years 50 Months — Days —

Sex Female Color or Race Colored Birthplace Maryland

Occupation Housewife Where Residing if not et place of death

Married, Single or Widowed Married Name of Wife or Husband Wm Boyer

Father's Name Do not know Father's Birthplace Do not know

Mother's Maiden Name Mariah Gant Mother's Birthplace Maryland

Name of person giving Information John Boyer How related deceased None

## CAUSES OF DEATH

Primary Apoplexy ✓ 64 How long 4 hours

Immediate

Are the name, age, sex, color, date and place correctly given above?

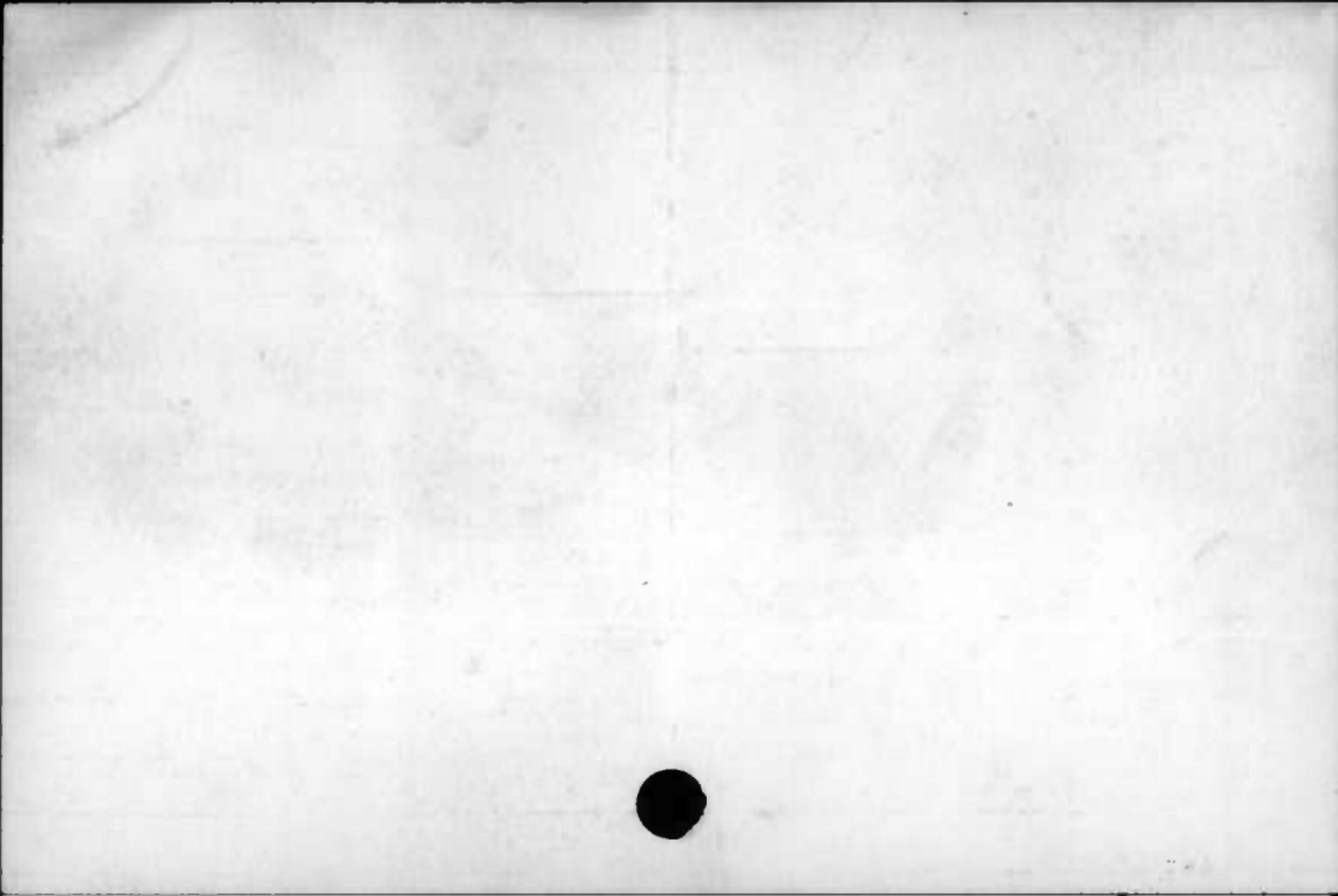
Signature of Physician

Address

yes

P.M. Black  
Beechton,  
Md.

Accident or Suicide?



Name  
in  
Full

Robert R. Buckley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age		Birth-place		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Caroline Poole				
Father's Name	Johnston Buckley					Father's Birthplace
Mother's Maiden Name	Sophia Durney	Mother's Birthplace				
Name of person giving Information	Emily Logan	How related to deceased				

PHYSICIAN  
OR CORONER

CAUSES OF DEATH  
Primary Chronic nephritis  
Immediate Exhaustion

120

How long

3 yrs.

How long

24 hrs

Are the name, age, sex, color, date and place correctly given above?

Yes

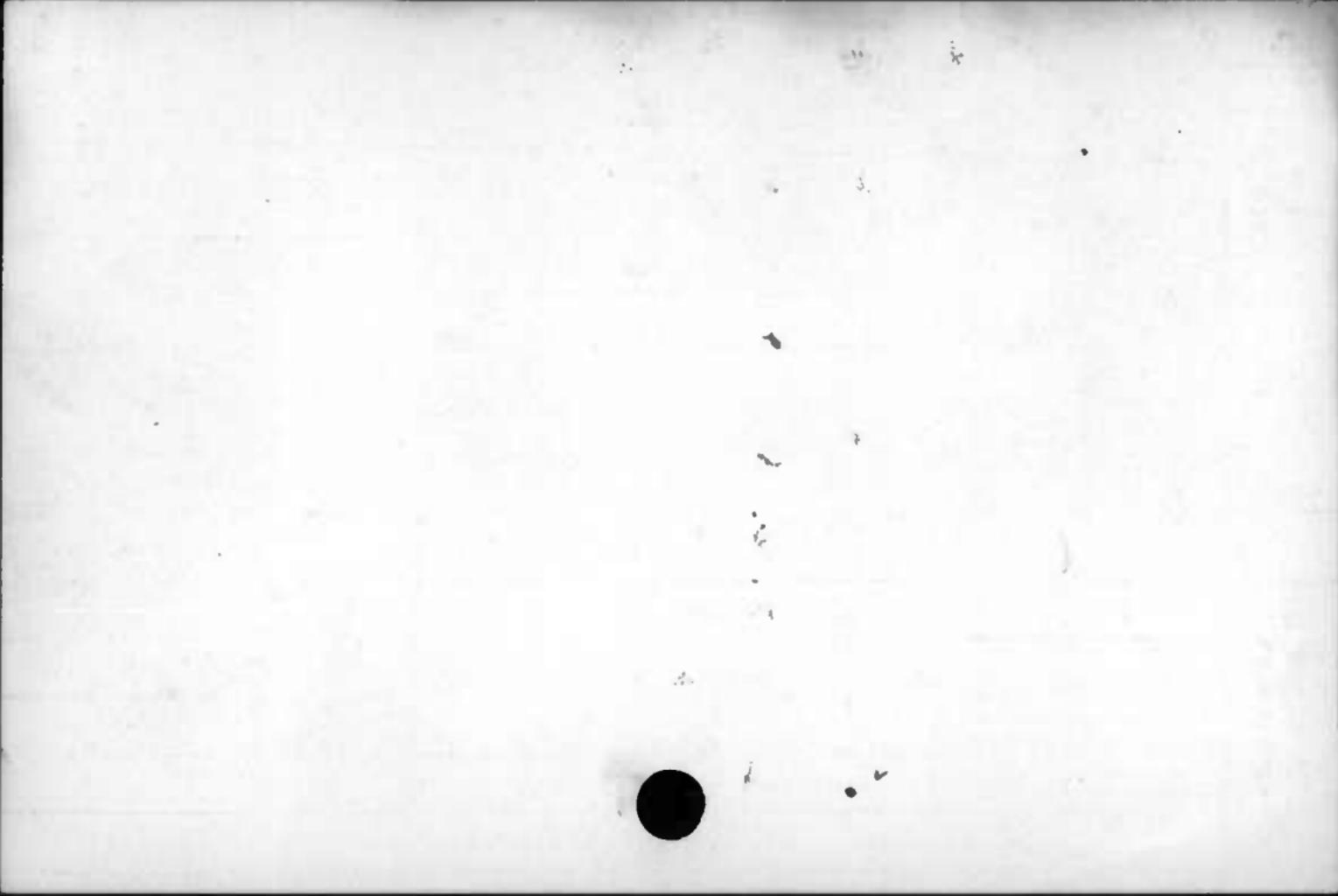
Signature of Physician

Address

Hector Mitchell MD

Elders Rd.

Accident? Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Adam Dombroski - Name of Deceased

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND
Perryville	Gran. to Gram. to	Leceil	
Date of death	Month	Day	Years
1908	8-	23	
Sex	Color or Race	Birth-place	Days
Male	White	U.S.A.	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Perryville, Md.	
Father's Name	John Dombroski	Father's Birthplace	Russia
Mother's Maiden Name	Francis Gardoocka	Mother's Birthplace	Russia
Name of person giving information	Auda Karabau	How related to deceased	- None

CAUSES OF DEATH

105

Primary Cholera Infantum / Day  
Immediate Progression Cardiac Asthma  
How long

Are the name, age, sex, color, date and place correctly given above?

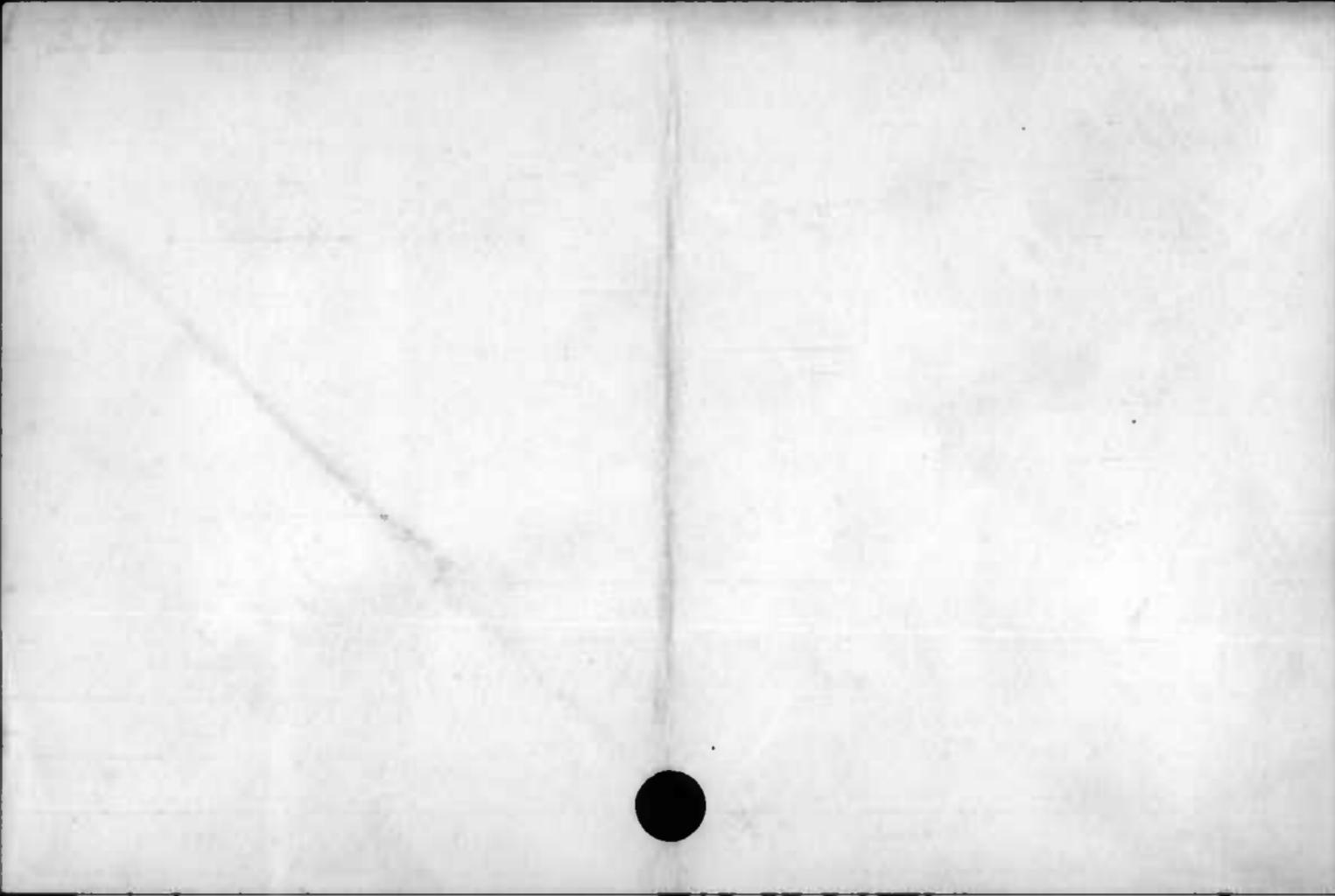
Yes

Signature of Physician

Address

L. G. Taylor M.D.,  
Perryville, Md.

Accident or Suicide?



Name  
in  
Full

Eli Edwin Ewing

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town Colona	County Cecil	MARYLAND		
Date of death 1908	Month Aug"	Day First	Age Seventy	Years Nine	Months Days 28
Sex Male	Color or Race White	Birth- place Cecil Co Ind			
Occupation Carpenter	Where Residing if not at place of death Near Colona				
Married, Single Widowed	Name of Wife or Husband Margaret Eliza Ewing	Father's Name Alexander Ewing	Father's Birthplace Harford Co		
Mother's Maiden Name Lucinda Johnson	Mother's Birthplace Cecil Co				
Name of person giving Information S. M. McDaniel	How related to deceased none				

CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary Chronic Parenchymatous Nephritis	How long 4 mo.
Immediate Uraemic Coma (Exhaustion following).	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician E.S. Rowland
	Address Liberty Grove
Accident or Suicide?	Med

Funeral was  
to day the 4<sup>th</sup>  
at West Nottingham  
cemetery

J W Butkins  
undertaker



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

George W Haigenthaler Jr.  
Part-Town  
Waldorf-County  
MARYLAND

## CERTIFICATE OF DEATH

Died at	Town	County			
Date of death 1908	Month Aug	Day 3	Years 34	Months -	Days -
Sex Female	Color or Race Colored	Birth-place Annapolis			
Occupation Wife	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband Walter Haigenthaler	Father's Name George Haigenthaler	Father's Birthplace Annapolis		
Mother's Maiden Name Malie Croppford	Mother's Name Malie Haigenthaler		Mother's Birthplace Annapolis	How related to deceased Mother	
Name of person giving information					

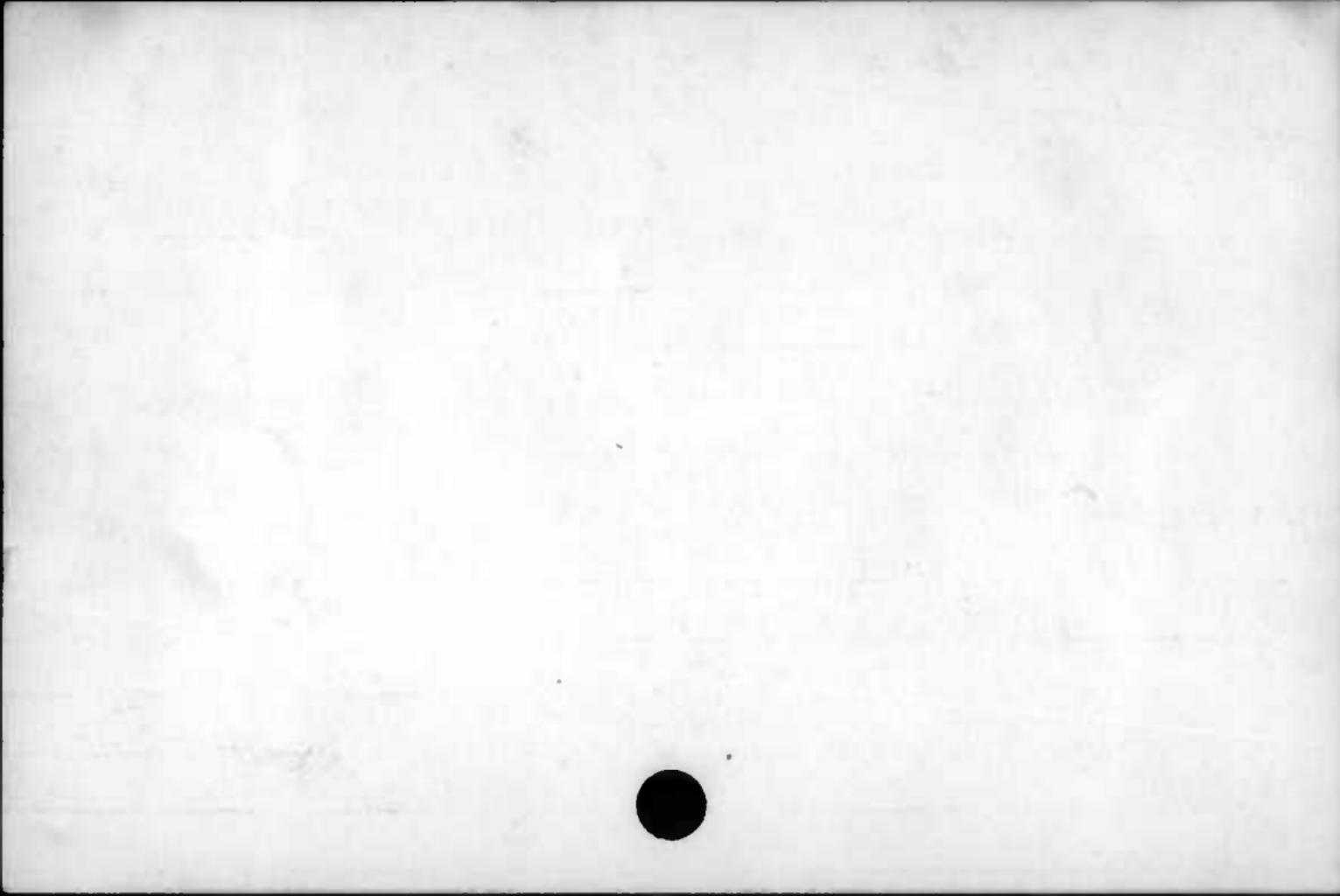
## CAUSES OF DEATH

119

How long 2 mos

How long 1 day

Primary Acute Thrombosis	Signature of Physician Dr. G. Jack M.D.
Immediate Pulmonary Edema.	Address 115 6th Street Annapolis Md.
Are the name, age, sex, color, date and place correctly given above? Yes	
Accident or Suicide? No	



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Maggie Jackson

CERTIFICATE OF DEATH

Died at	Town	County		MARYLAND		
Died at	Perryville	Cecil				
Date of death	Month	Day	Years	Months	Days	
1908	Aug	21	25-	-	-	
Sex	Female	Color or Race	White	Birth-place	Cecil Co Md	
Occupation	House girl			Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband		Father's Name	Cecil Co Md	
Father's Name	Albert Jackson		Mother's Birthplace			
Mother's Maiden Name	Margaret Baker		Mother's Birthplace			
Name of person giving information	Albert Jackson		How related to deceased			
CAUSES OF DEATH			27			
Primary	Tuberculosis -		How long			
Immediate	-		Year -			
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician			
			Address			
Accident or Suicide?			Dr. W. Steury Perryville MD -			

PHYSICIAN  
OR CORONER



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Name Jane Johnson				CERTIFICATE OF DEATH		
Died at	Town Bayview	County Cecil	MARYLAND			
Date of death	Month Aug	Day 29	Age 80	Years	Months	
Sex	Females	Color or Race White	Birth-place Cecil Co Md			
Occupation	Housework	Where Residing if not at place of death				
Married, Single or Widowed	Widow	Name of Wife or Husband William Johnson				
Father's Name	John Gamby	Father's Birthplace Unknown				
Mother's Maiden Name	Nancy Burns	Mother's Birthplace Cecil Co				
Name of person giving Information	John F Johnson	How related to deceased Son				

CAUSES OF DEATH

154

Primary

General Debility

How long

One year

Immediate

Heart

3

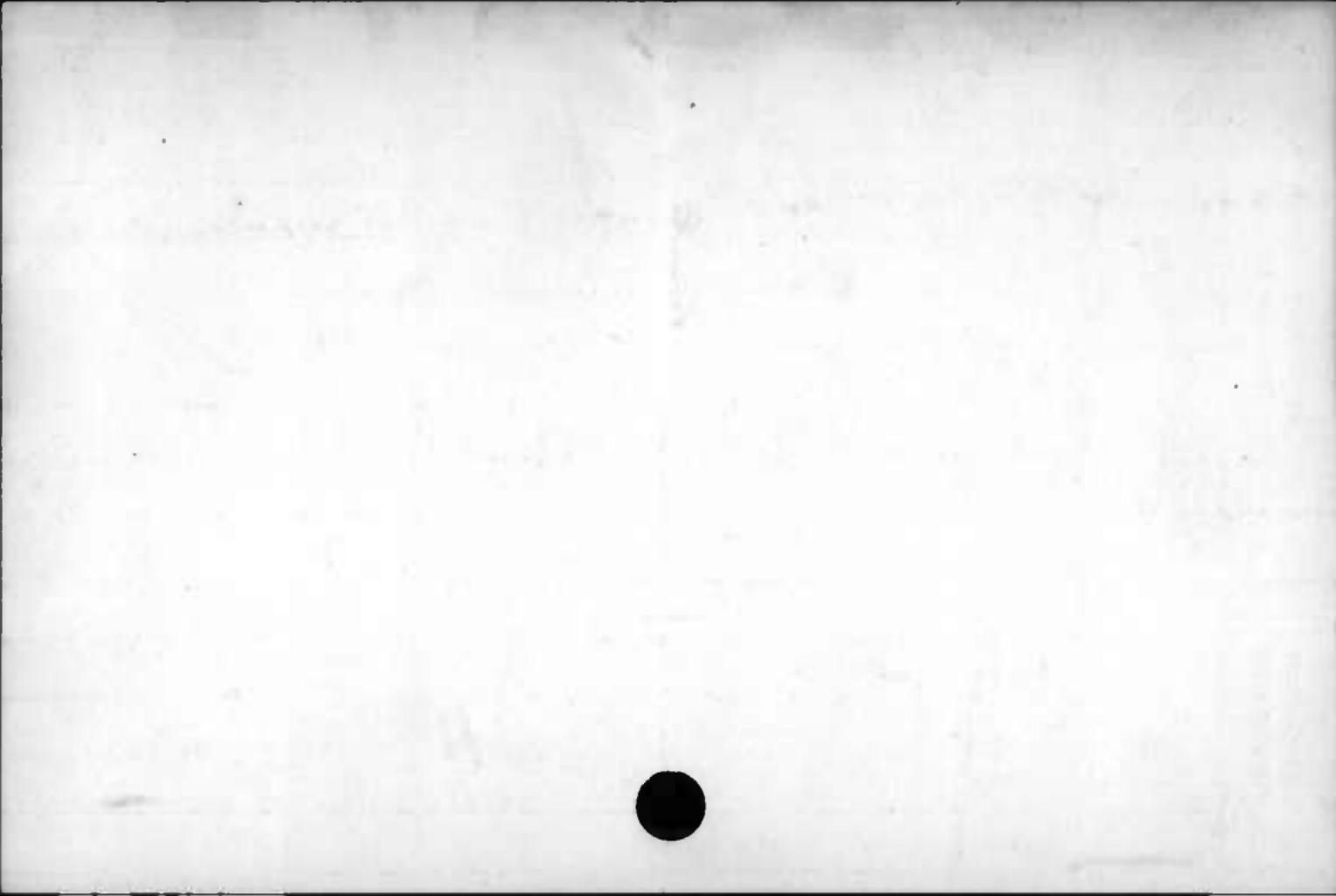
Baltimore  
North Bar

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Jos B Keys

CERTIFICATE OF DEATH					
Died at <u>Near Rising Sun</u>			County <u>Carroll</u>	MARYLAND	
Date of death <u>1908</u>	Month <u>5</u>	Day <u>3</u>	Years <u>'34</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>			
Occupation <u>Laborer</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>Jos. B Keys</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Susanna Connely</u>	Mother's Birthplace <u>"</u>				
Name of person giving information <u>Susanna Connely</u>	How related to deceased				

CAUSES OF DEATH

166

How long

How long

PHYSICIAN  
OR CORONER

Primary

Falling on Fitt

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

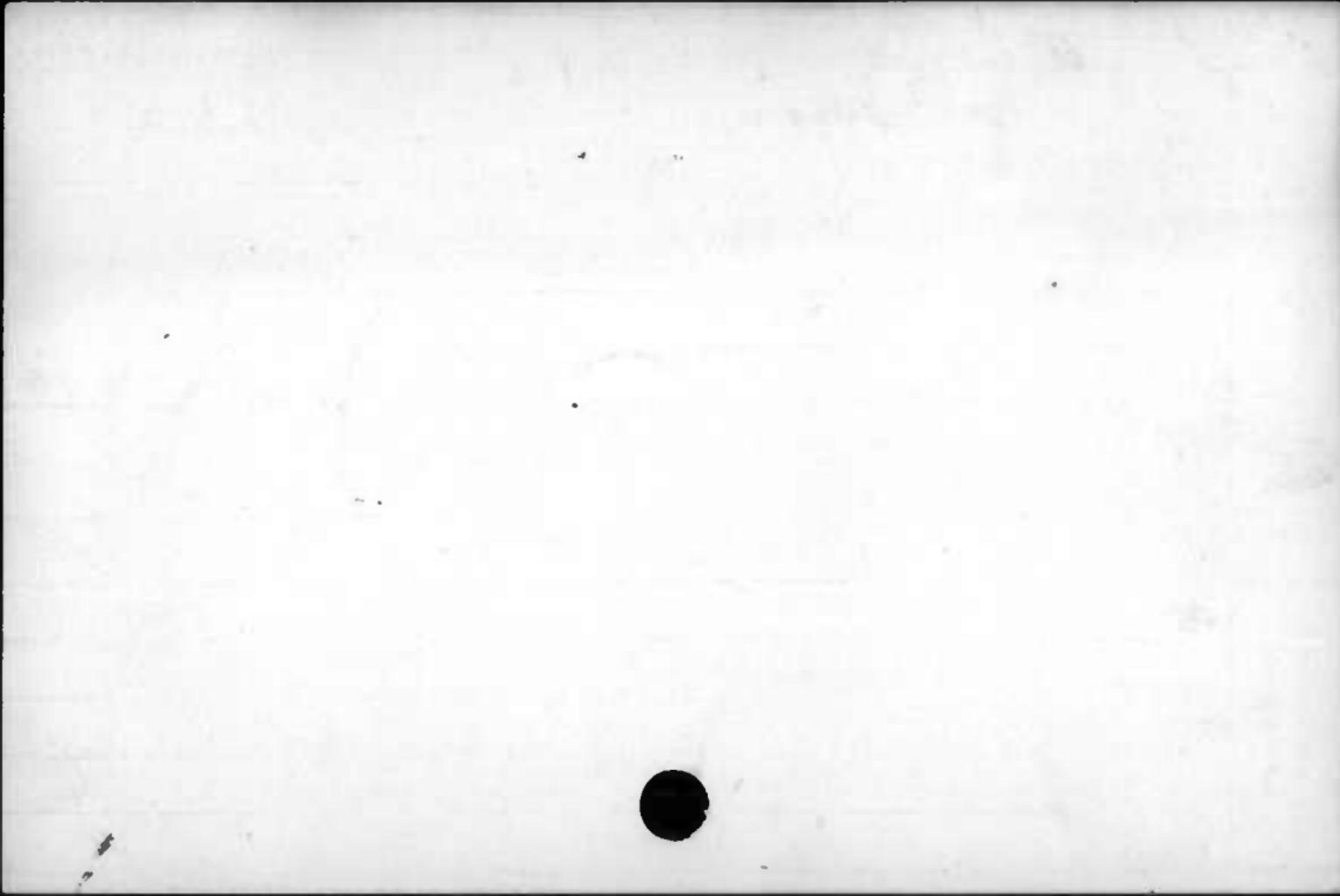
Signature of Physician

Address

I. Francis Frazer Conner  
Easton, Md

Accident or Suicide?

Accidink



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

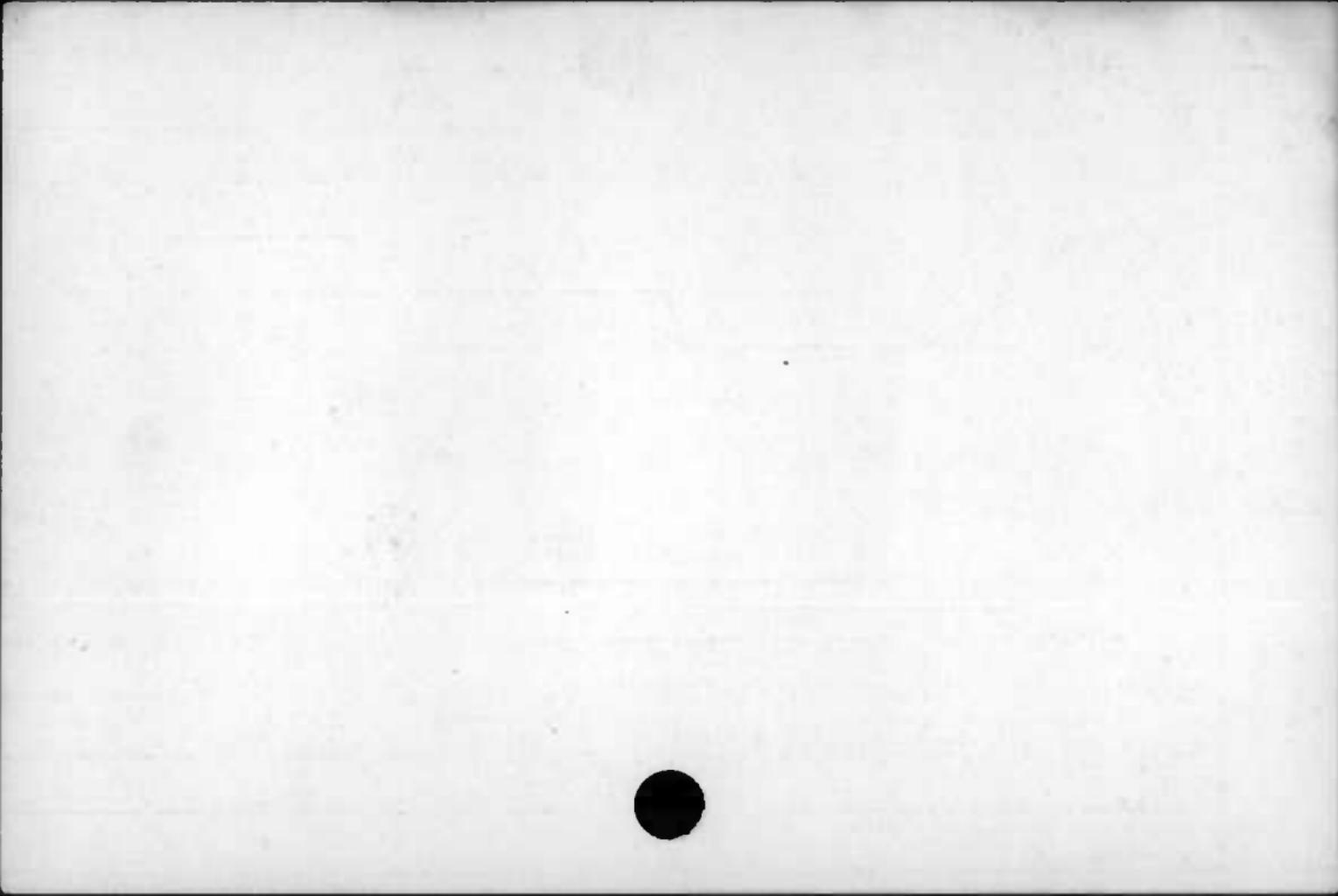
Mary Ellen Lovelass.

CERTIFICATE OF DEATH

Died at		Town <u>Chesapeake City</u>	County <u>Cecil</u>	MARYLAND		
Date of death	Month <u>1908 Aug</u>	Day <u>16</u>	Age <u>54.</u>	Years <u>54.</u>	Months <u>1</u>	Days <u>9</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth- place <u>Chesapeake City</u>				
Occupation <u>Waitress</u>	Where Residing if not at place of death <u>Gilbert C. Lovelass</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Alphie E. Lovelass</u>	Father's Name <u>Benedict Lovin</u>				
Father's Name <u>Benedict Lovin</u>	Father's Birthplace <u>Chesapeake City</u>					
Mother's Maiden Name <u>Alphie E. Lovin</u>	Mother's Birthplace <u>" "</u>					
Name of person giving Information <u>Mrs. Lovelass</u>	How related to deceased <u>Husband</u>					
CAUSES OF DEATH						
Primary <u>Catarhal Gastritis</u>	How long <u>3 years</u>					
Immediate <u>Heart Disease</u>	How long <u>3 days</u>					

104

Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W.C. Harson</u>
	Address <u>Chesapeake City, Md.</u>
Accident or Suicide? <u>No</u>	



Name  
in  
Full

Lidie J. Lynch

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1908	August	30	43	11	11	
Sex	Female	Color or Race	white	Birth-place	North East	
Occupation	House Keeper					
Where Residing if not at place of death						
Married, Single or Widowed	Married	Name of Wife or Husband	Prof. L. Lynch			
Father's Name	George Moore					
Mother's Maiden Name	Phillips					
Name of person giving Information	Mrs John Moore					

CAUSES OF DEATH

120

How long

How long

Primary

Liver  
Heart

Immediate

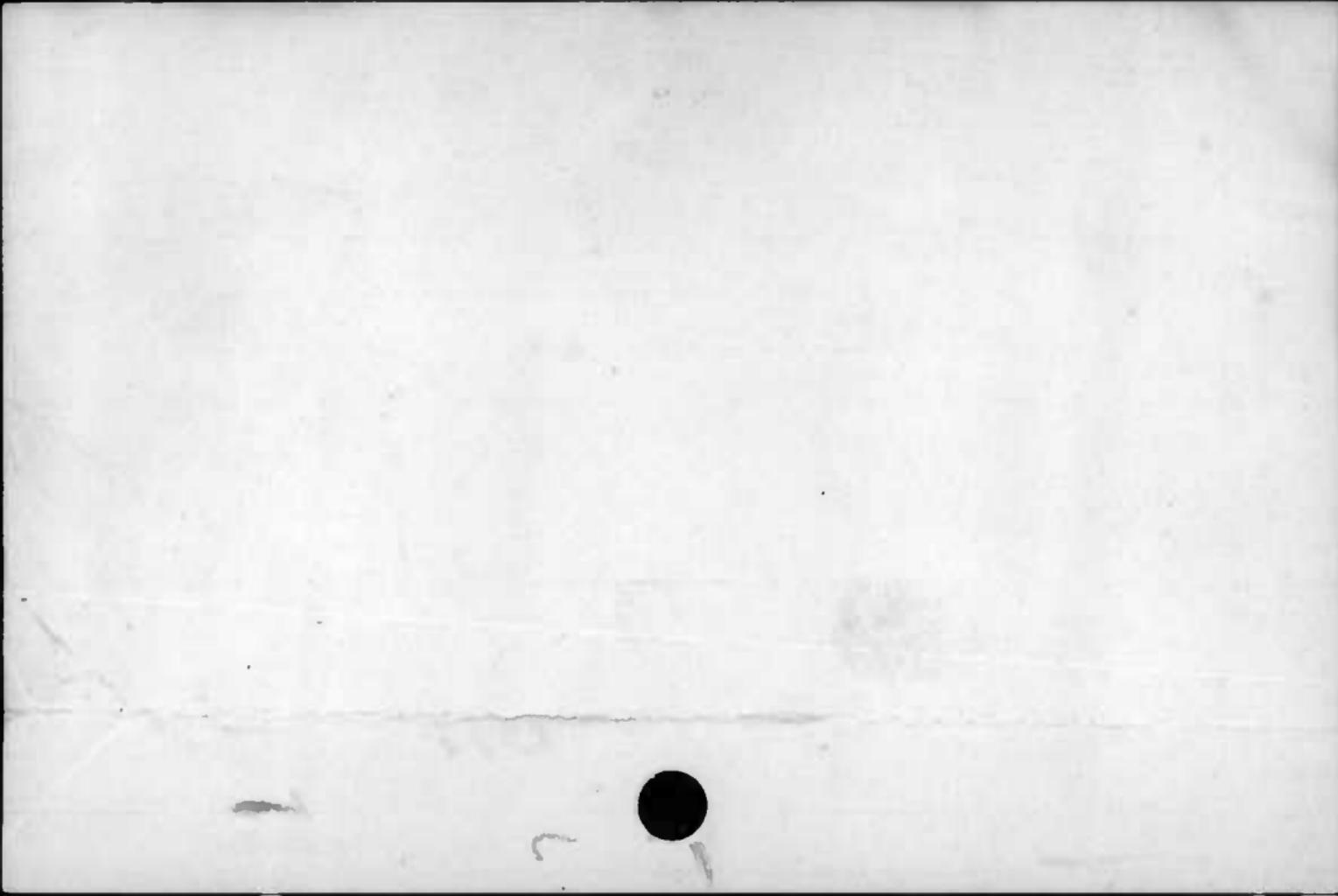
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

B. A. Stenger  
N. E.

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Geo. Woakes

Cecilton

Cecil

MARYLAND

Died at

Town

Date  
of death

Month

Day

Years

Months

Days

1908

8

4

58

Age

Sex

Color or  
RaceBirth-  
place

Occupation

Black

Md -

Married, Single  
or WidowedName of Wife or  
HusbandWhere Residing if not  
at place of deathFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
InformationHow related  
to deceased

Aunie Woakes

Geo. Woakes

Mary Thompson

Mary Wilson

Not known

Not known

Sister

## CAUSES OF DEATH

79

How long

Primary

Diabulic Heart Disease

4 Years

Immediate

Dropsy &amp;

8 months

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

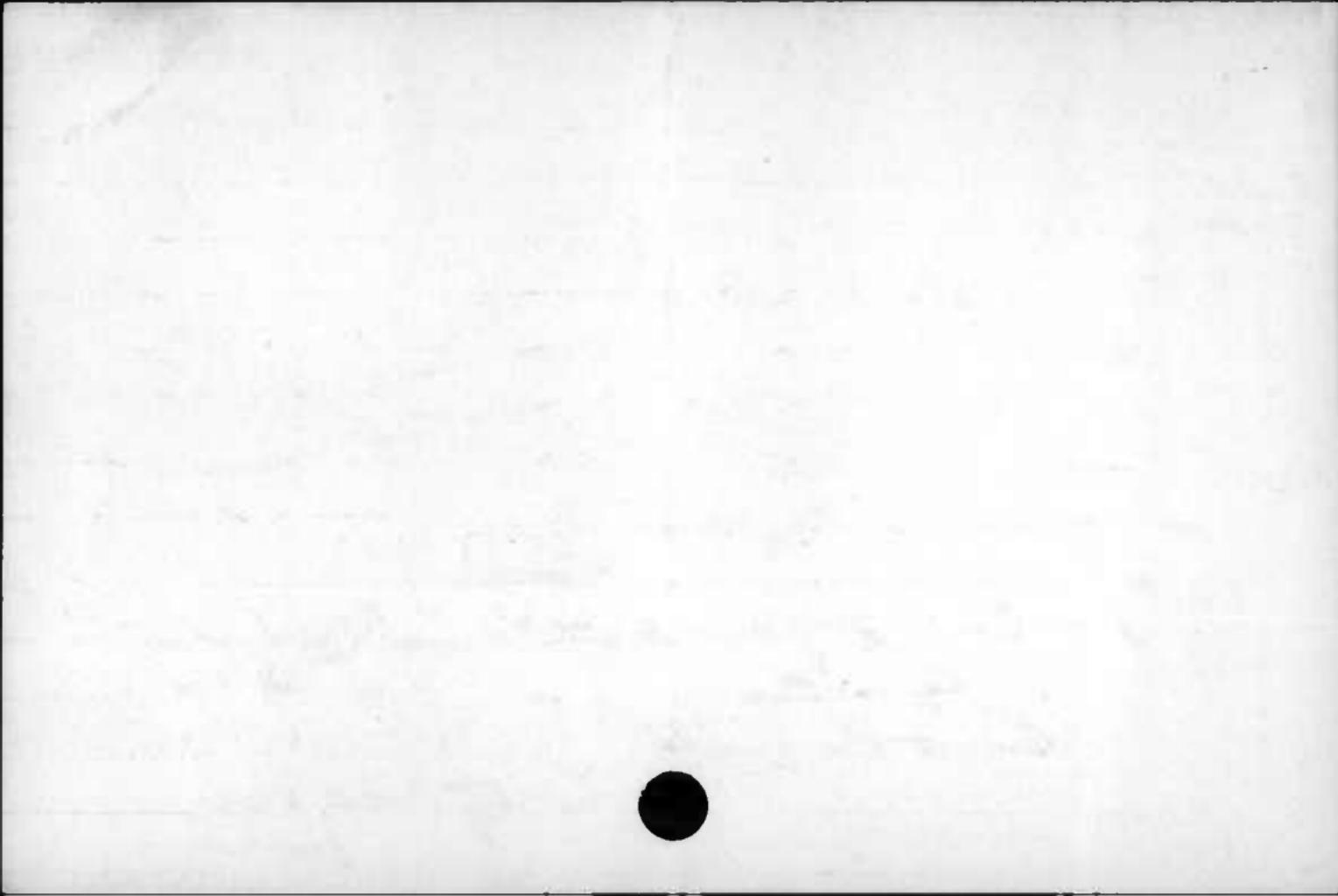
Address

E. N. Braufur

Centerville  
Md

Accident or Suicide?

PHYSICIAN  
OR CORONER



Mr. Adolphus O. Reynolds

Town  
Colona

County  
Cecil

MARYLAND

Died at

Date 1908

Month Aug Day 17

Y. M. D.  
52 years

Native of  
America

Occupation  
Frane Seator  
at Media, Pa.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

None.

Husband

of Amanda Reynolds

Father's

Name Otha Reynolds.

Mother's

Maiden Name margarette Oakley

Cause of

Primary

Chronic progressive Paralysis. How long sick  
one year.

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Ernest Rowland

(67)

Address

(Duplicate)

Liberty Grove, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

H. Ellwood Robinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Died at	Marwick	Cecil	43	-	-
Date of death	1908 Aug	12	Age	Years	Months
Sex	Male	Color or Race	Caucasian	Birth-place	Eccil Co. Md
Occupation	Farmer		Where Residing if not at place of death	near Marwick -	
Married, Single or Widowed	Married	Name of Wife or Husband	Minnie Robinson		
Father's Name	James T. Robinson		Father's Birthplace	Cecille Co. Md	
Mother's Maiden Name	Hannah Lewis		Mother's Birthplace	Phila. Pa.	
Name of person giving information	James E. Ezra		How related to deceased	Cousin.	

CAUSES OF DEATH

9

How long

36 hrs.

How long

"

Primary

Membranous & Grouph

Immediate

" "

Are the name, age, sex, color, date and place correctly given above?

yes.

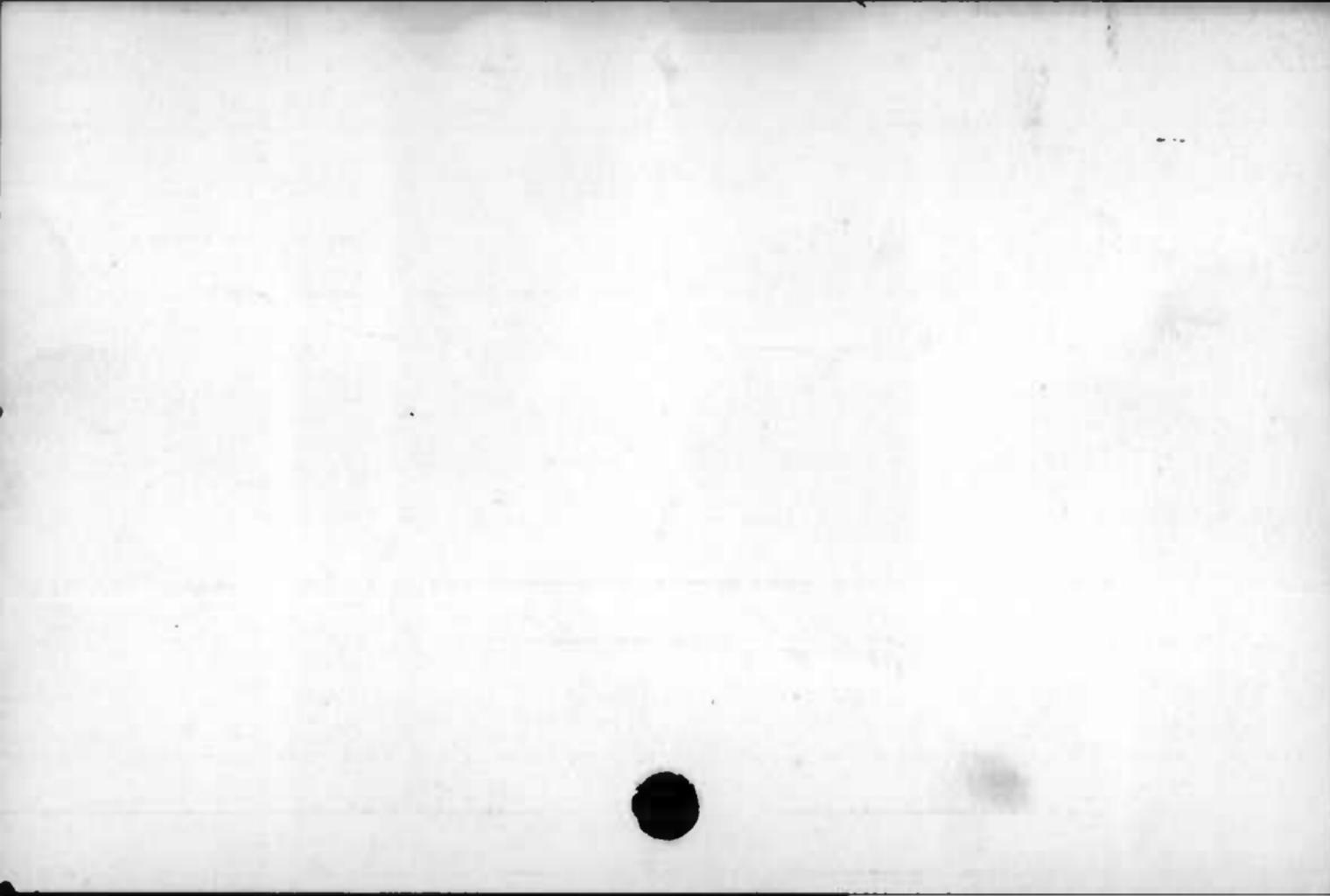
Signature of Physician

Address

Chas A. Pitcher  
Middletown,  
Del.

Accident or Suicide?

No



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

James F Rutter

Town

County

CERTIFICATE OF DEATH

MARYLAND

Died at Bath Swamp Town County  
Date Month Day Years Months Days  
of death 1908 5 7 49

Sex Male Color or Race White Birthplace Cecil Co

Occupation Blast Smith Where Residing if not  
at place of death

Married, Single or Widowed Married Name of Wife or Husband Minerva V. Rutter

Father's Name John F Rutter Father's Birthplace Maryland

Mother's Maiden Name Sarah Evans Mother's Birthplace Maryland

Name of person giving information Wife of deceased How related to deceased

CAUSES OF DEATH

159

How long

How long

Primary

Suicide (Shot) ✓

Immediate

Are the name, age, sex, color, date and place correctly given above?

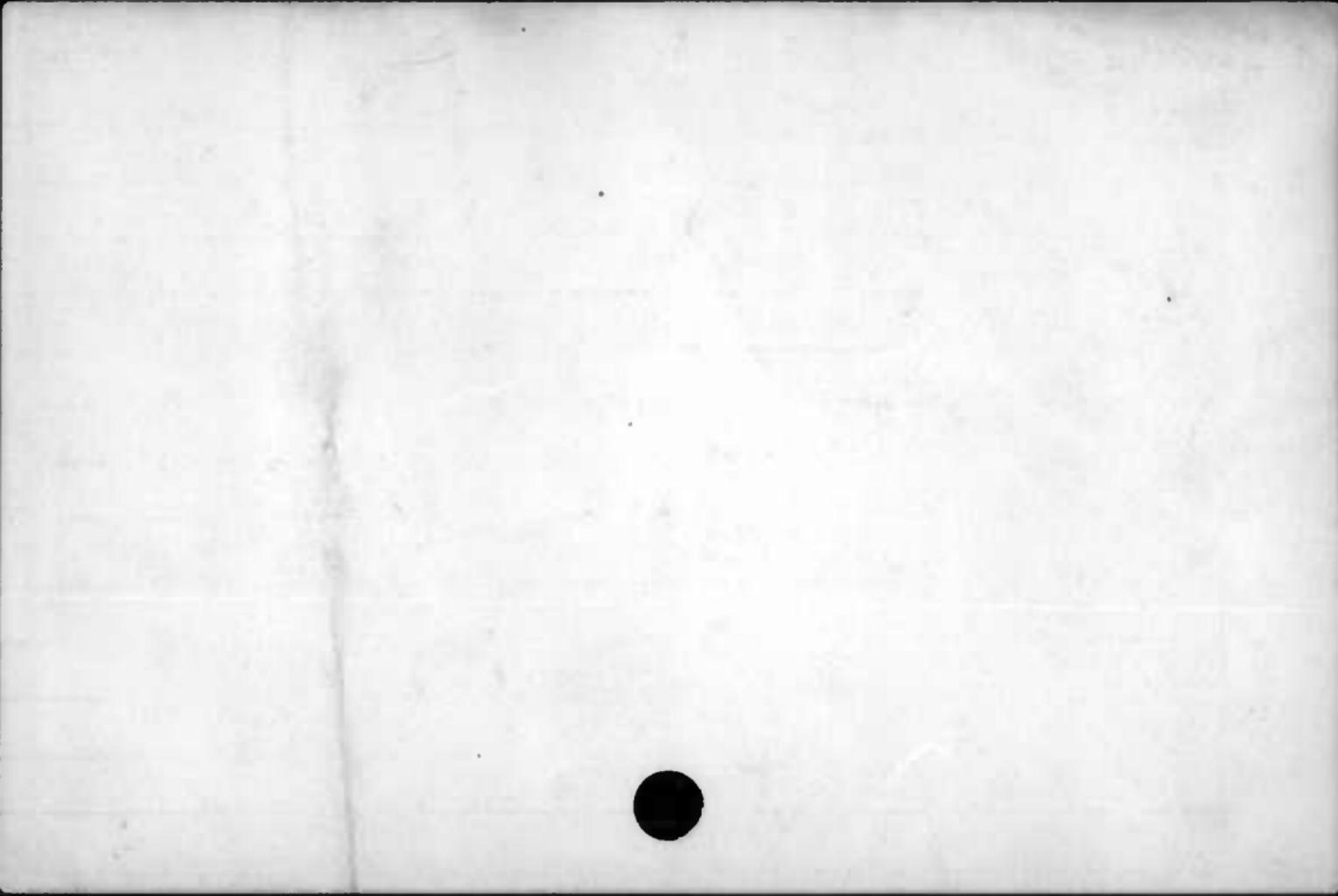
Signature of Physician

Address

J Frank Frazer Coroner

Accident or Suicide?

Suicide



Name  
in  
Full

James Rykoski

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Liberty Grove Md			
Father's Name	John Rykoski	✓			Father's Birthplace Germany
Mother's Maiden Name	Mary Rykoski	✓			Mother's Birthplace Germany
Name of person giving Information	John Rykoski	✓			How related to deceased Father

CAUSES OF DEATH

105-

PHYSICIAN  
OR CORONER

Primary Cholera Infantum

6 weeks

Immediate Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

yes

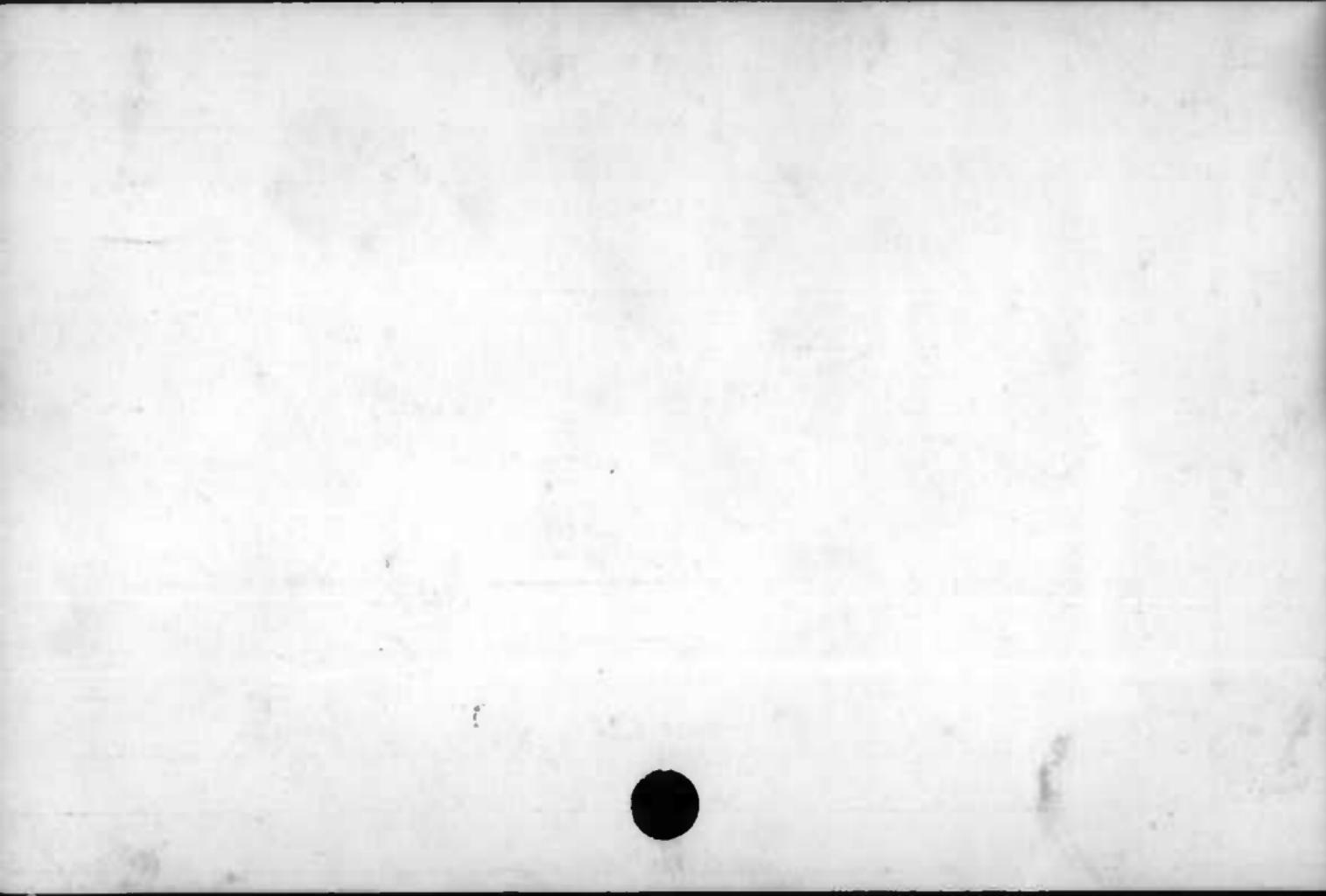
Signature of Physician

Address

Ernest Rowland

Liberty Grove  
Md

Accident or Suicide?



Name  
in  
Full

Margaret Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	54			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife Husband	Port Deposit				
Father's Name	J. O. Smith					Father's Birthplace
Mother's Maiden Name	Margaret Keith					Mother's Birthplace
Name of person giving information	F. P. Kerswin					How related to deceased

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

120

How long

2 yrs

24h

Primary

Chronic nephritis

Immediate

Heart failure

How long

Are the name, age, sex, color, date and place correctly given above?

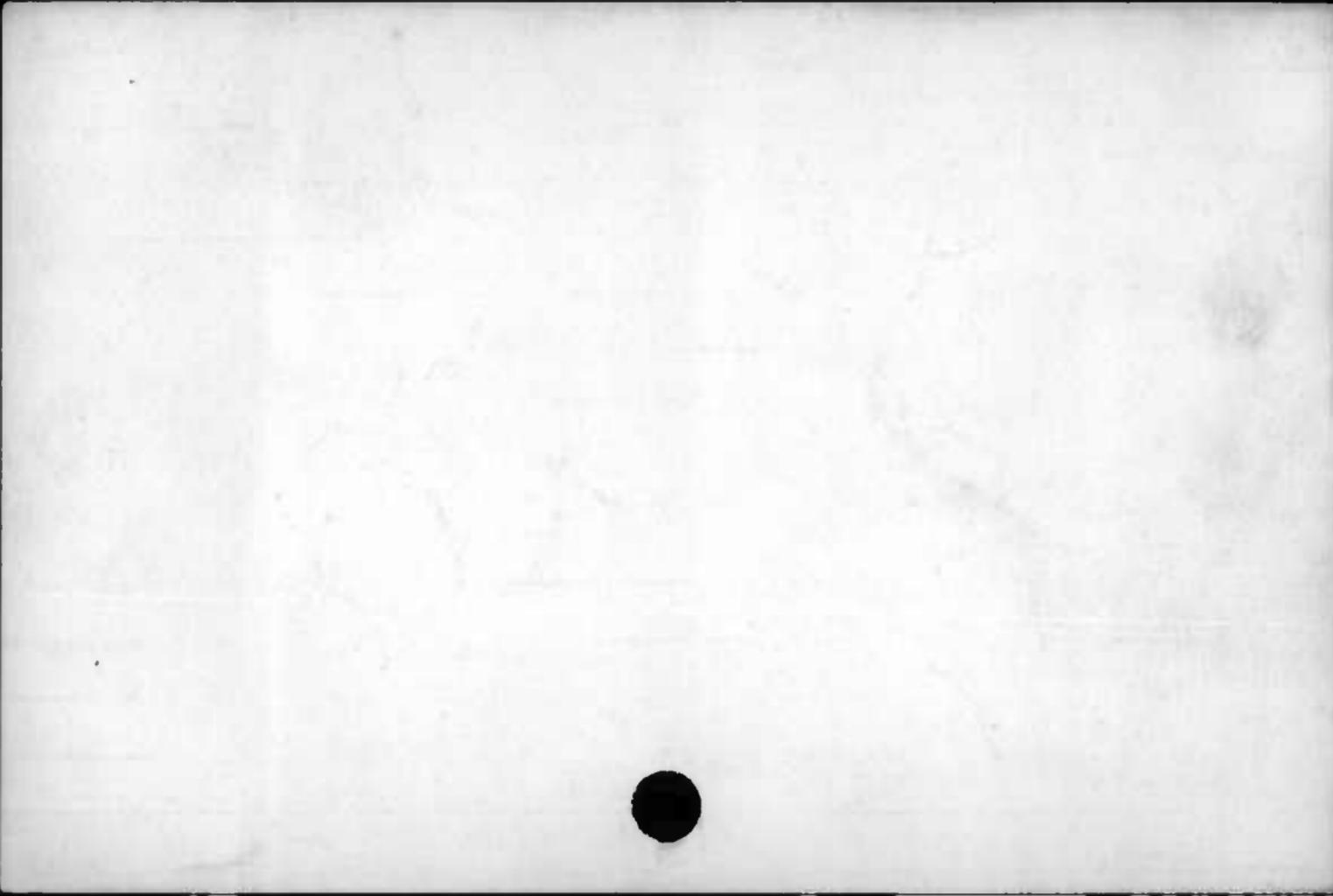
Signature of Physician

Address

Accident or Suicide?

No

N.C. Soc. / 18  
Port Deposit MD



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

CERTIFICATE OF DEATH					
Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	Aug	22	25		
Sex	Female	Color or Race	White	Birth-place	Port Deposit
Occupation	Housewife	Where Residing if not at place of death			
Married, Single or Widowed	Spoiled	Name of Wife or Husband	Edward Snyder	Father's Birthplace	Cecil Co
Father's Name	Henry Boyd	Mother's Maiden Name	Belle Whitecock	Mother's Birthplace	" " "
Name of person giving information	Henry Boyd	How related to deceased	Father		
CAUSES OF DEATH					
Primary	Pulmonary Tuberculosis				
Immediate	Heart weakness				
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	H. A. Clemmons	
			Address	Port Deposit	
Accident or Suicide?			J. H.		

27

How long about  
4 months.

How long 24 hours



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Margie Zildon

CERTIFICATE OF DEATH

Died at

Town

Port Deposit

County

Cecil

MARYLAND

Date  
of death

Month

Day

Years

1908

Aug

14

15-

Age

Sex

Female

Color or  
Race

Colored

Birth-  
place

Months

Days

Occupation

Where Residing if not  
at place of death

Port Deposit

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

Henry Zildon

Father's  
Birthplace

Hayford Co Md

Mother's  
Maiden Name

Emma Wallace

Mother's  
Birthplace

Maryland

Name of person giving  
Information

Henry Zildon

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Tuberculosis

27

How long

9 mos.

Immediate

Hemorrhage

How long

2 days.

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

S. J. Fisher

Address

Port Deposit, Md.

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Jesse Took

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age		
Occupation	Bridge Builder		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband			
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving Information	H. G. Reynolds			How related to deceased	House

CAUSES OF DEATH

Primary

Accidental drowning

172

How long

Immediate

asphyxia -

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Joseph Fraser Conner  
Eaton Md.

Accident or Suicide

Accidental

L.G. Taylor M.D.

Permitville, Md.



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

John E White

Town

County

CERTIFICATE OF DEATH

MARYLAND

Died at

Principio Furnace

Oceel

Date

of death

1908

Month

Aug

Day

6

Years

—

Age

Months

4

Days

—

Sex

Male

Color or  
Race

White

Birth-  
place

Principio Furnace

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Edward White

Father's  
Birthplace

Oceel Co. Md.

Mother's  
Maiden Name

Annie Morrison

Mother's  
Birthplace

" " "

Name of person giving  
Information

Edward White

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Tuberculosis

How long

28 weeks -

Immediate

Convulsions -

How long

Are the name, age, sex, color, date  
and place correctly given above?

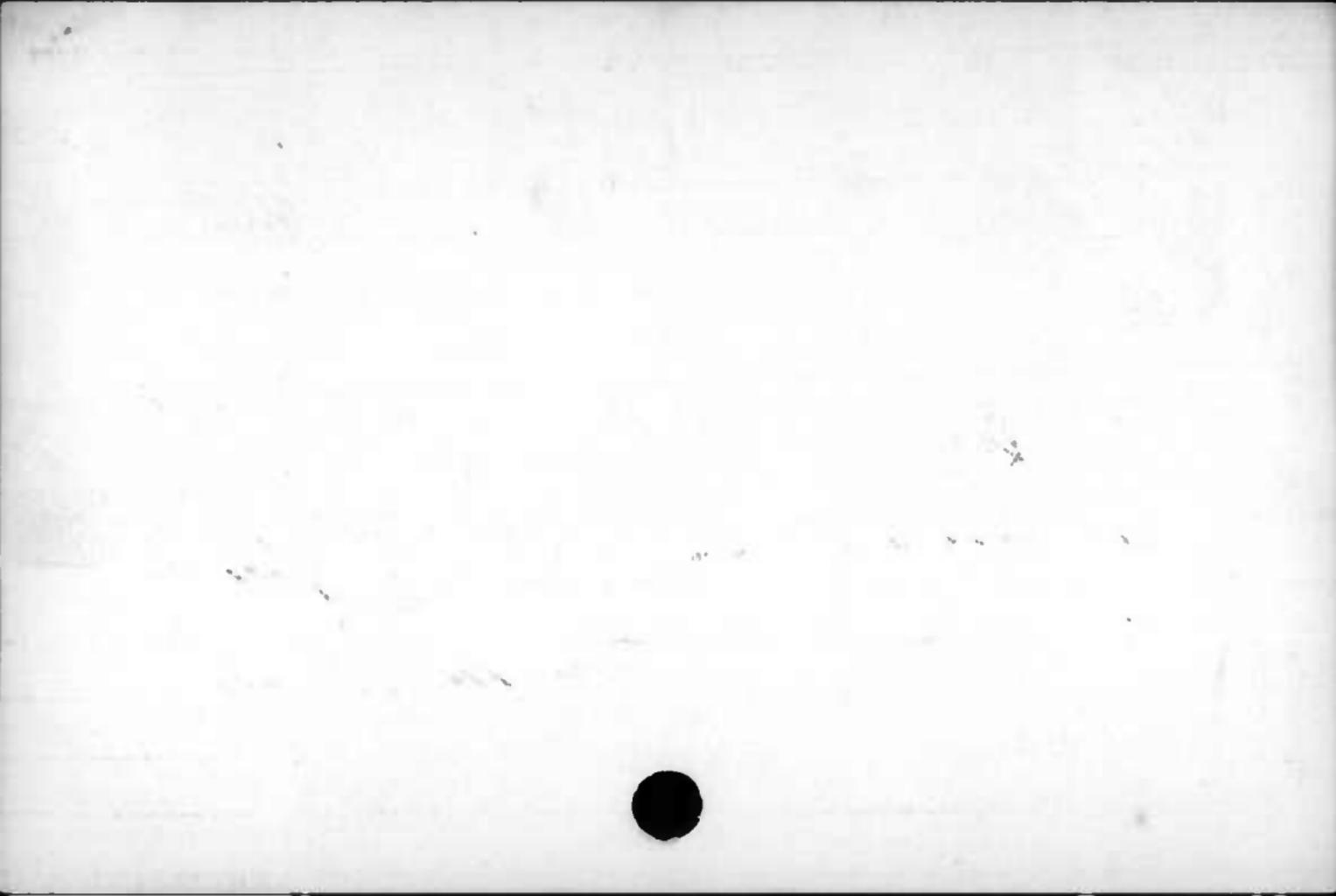
Yes -

Signature of  
Physician

Address

Dr. Wm. Stump  
Principio M.S.

Accident or Suicide?



Name  
in  
Full

Francis W. Wilson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	Birth-place
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Frank W. Wilson	Father's Birthplace	Md
Mother's Maiden Name	Maggie Moore	Mother's Birthplace	Md
Name of person giving information	Frank W. Wilson	How related to deceased	Father

CAUSES OF DEATH

71

How long

48 hours

How long

48 hours

PHYSICIAN  
OR CORONER

Primary

Intoxication

Immediate

Intoxication

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

821 Crawford

Lerelton

Md

Accident or Suicide?

